

Washington State Health Care Authority School-Based Health Care Services Provider Update Form

Direction: Use this form to list all health care providers (licensed) for your school district. Submit the form to the Health Care Authority **annually** (October) and when a change in health care providers occurs. Copies of the health care provider's license, certification, degree or transcripts, and their NPI number must accompany this form. Indicate an "A" for add, or "D" for delete in the status column when your school district adds or deletes health care providers. If additional space is required, copy this form, and indicate the total number of pages submitted.

School District Name		Phone		Fax			
Medical Assistance Provider Number <small>(Enter school district's 7-digit Medicaid provider number)</small>							
Verified and signed by director or designee		Title			Date		
Service Provider Name	Service Specialty/Degree	License or Certification Number	NPI Number	Status	License Start Date	Resignation Date	Supervisor's Name and Title
Example: <i>Smith, John A.</i>	<i>Physical Therapist/MS</i>	<i>PT-123456-L</i>	<i>123456789</i>	<i>A</i>	<i>00/00/0000</i>	<i>00/00/0000</i>	<i>Jane Doe, Ph.D., PT</i>

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Please send all documents to: PO Box 45530, Olympia, WA 98504-5530 or Fax: 360-664-0261 or 360-664-4371.